

## Unit Two

# Good employment practice from a general practice employer's perspective

### Key messages

Reading this unit will:

- introduce the role of the health care assistant (HCA) and some of the benefits that come from employing HCAs in general practice
- help you to think about how to manage the change in your practice
- prepare you for the recruitment process
- provide you with tools and resources developed and used by others.

## The benefits of employing an HCA

The benefits of employing HCAs were recognised in *Securing our Future Health: Taking a Long Term View*.<sup>1</sup> Properly trained, developed and integrated HCAs can help by:

- **releasing capacity** – enabling senior nurses to deliver more complex care while the HCA takes over some of the less complex tasks
- **meeting quality and outcomes framework (QOF) targets** – helping the practice to meet QOF targets, eg smoking cessation, blood pressure monitoring, routine testing
- **improving access** – enabling the practice to achieve improved access to their services for patients in relation to 24/48-hour access targets.

Many practices have taken the decision to introduce the HCA role to their practice team, to provide capacity to get more from their existing nursing team and to support the practice to maximise performance under the new *General Medical Services (GMS) contract*.

The range of tasks undertaken by HCAs varies from practice to practice. A recent review of training programmes for HCAs provides some idea of the scope of the HCA's role in general practice.

### The Potential Range of HCA Duties in General Practice

- New patient registration
- Blood pressure checks
- Urinalysis
- Height/weight/BMI
- Ordering supplies/stock control
- Cleaning sterilisation equipment
- Phlebotomy/venopuncture
- Ordering vaccines
- ECG recording
- Peak-flow measurement
- Spirometry
- Audiometry
- Smoking cessation
- Restocking of clinical area
- Health promotion
- Supporting practice nurse triage
- Minor-illness clinics
- Assist in minor operations
- Infection control
- Health checks
- Summarising patient records
- Act as chaperone
- Helicobacter testing
- Patient recall
- Helping with specific long-term conditions, eg diabetes, asthma

Introducing a new role in your practice team is not a routine activity, with this in mind this unit takes a step-by-step approach to the process so that you can make the most of the opportunity while minimising the impact on your limited resources.

### Example: Introducing HCAs to practices – a pilot project

Southwark PCT undertook a pilot project to introduce HCAs into six practices across the PCT. General practice employers were asked 'What difference has this made to your practice?'

'It has made a huge difference. It's having an additional resource. It's somebody who is working across the board rather than just doing nursing duties. We couldn't run the baby clinic without an HCA now. We have used the HCA to help meet our access targets. It gives us extra capacity by cascading the workload down from the doctors and nurses.' (Practice manager)

'It's been marvellous. It takes away a lot of the routine work and I'm able to concentrate on chronic illness like coronary heart disease and diabetes. I'm able to see more patients – we have recalled all the hypertensives.' (Practice nurse)

'It allowed the whole running of the surgery to be very efficient...I think the nurses saw more patients and saw more appropriate patients.' (Practice manager)

## How is the practice perceived as an employer?

In order to ensure that you employ and retain the highest calibre of staff to deliver quality-focused, appropriate care for your patients you need to consider not only the needs of the practice, but what the practice has to offer staff, for example, flexible working. By balancing the needs of the individual with the needs of the practice, you may enable people to apply for jobs that have previously been excluded due to family commitments, eg child care. You might want to consider offering part-time positions or job sharing for new staff.

Complete the table in [Tool - How attractive is the practice as an employer?](#) to see how your practice could be viewed by a potential HCA. This should help you to identify any areas that you need to improve as a practice.

### Agenda for Change

*Agenda for Change*<sup>5</sup> (AfC) is the new pay system, or that which has been introduced into the NHS to ensure fair pay and a clearer system for career progression. It applies to all staff, with the exception of doctors, dentists and the most senior managers. Although implementation is compulsory across the NHS, it is voluntary in general practice. The *nGMS contract* does emphasise using the principles as a means of improving employment practice, and as a replacement to Whitley terms. The system is designed to ensure that staff are now paid on the basis of the jobs they are doing, and the skills and knowledge they apply to these jobs. This reform is underpinned by a job evaluation scheme specifically designed for the NHS.

### Why adopt AfC?<sup>7</sup>

While many GP practices already provide good terms and conditions for their staff, the implementation of AfC would ensure pay parity with the NHS and equal pay for work of equal value. AfC will ensure:

- a highly motivated workforce with defined skills to deliver high-quality care
- improved staff development with annual appraisal

- use of the Knowledge and Skills Framework to identify the requisite skills and competences for your practice
- improved employment practice – with pay rates the same for equivalent jobs within other parts of the NHS
- improved recruitment and retention.

If a practice adopts AfC this applies to all staff, not just the nursing team. It may be a worthwhile exercise to assess the financial implications to the practice prior to discussing it with staff. Support and advice can be obtained from a number of sources:

- NHS employers ([www.nhsemployers.org](http://www.nhsemployers.org)) provides support and guidance on all aspects of human resource issues – there is a special section for pay and negotiations which explains how AfC works.
- You could contact your local PCT to discuss how the practice can move to AfC.
- In addition, see *Agenda for Change – NHS Terms and Conditions of Service Handbook*, and *The Job Evaluation Handbook*. See: [www.dh.gov.uk/PolicyAndGuidance/HumanResourcesAndTraining/ModernisingPay/AgendaForChange/fs/en](http://www.dh.gov.uk/PolicyAndGuidance/HumanResourcesAndTraining/ModernisingPay/AgendaForChange/fs/en). See [Tool - How do practices adopt Agenda for Change?](#) for more information on adopting AfC.

## Before you recruit an HCA

Before the decision is reached about employing an HCA, you will want to look at the practice as a whole and consider your plans for the service and business strategy. Practices are continually changing and adapting as the patient population changes or staff move on. As the old saying goes 'the only thing that is constant is change!' You should give careful consideration to the impact that the introduction of the HCA role will have on the practice and include the whole team in discussions.

By taking a structured approach to the development of the role you can maximise the benefits and reduce the amount of time and effort spent later in the process.

The benefits of introducing an HCA into the practice can be assessed through a skill-mix audit (see [Tool - Skill-Mix audit template](#) as an example). The practice should work together to make a list of all the jobs that are undertaken at the practice and who does them. They should then consider who else could do those jobs and add any new jobs or services that the practice might want to introduce, eg managing the long-term illness clinic. The outcomes of this audit can then be used to map out the scope of the HCA's role and their potential contribution to the practice.

## Change management

The drivers for change will be different in each practice. The introduction of *nGMS contract* has demonstrated that general practice can be quick to respond to change. There are a number of good publications that deal with change and how this should be managed, eg the Improvement Leaders' Guides developed by the Modernisation Agency provide useful tools to assist in managing change.<sup>2</sup>

You should think about the following issues when considering the changes that introducing an HCA to the practice team involves:

### 1. Premises

Do you have the room to accommodate another member of staff? What extra resources will be required? Have resource and sustainability issues been addressed, such as room space, access to the computer system, and password-controlled access to email, internet and practice files or other NHS resources?

## 2. Practice structure

How could expanding the nursing team help you achieve the objectives in your business plan? Could the introduction of an HCA help you to develop enhanced services? If so, what would they be and how would they meet the objectives of the practice? Will the introduction of practice-based commissioning affect the staffing levels in the practice?

## 3. Service delivery

Often practices are so busy with their day-to-day care delivery that insufficient consideration is given to future needs. Consider calling a practice meeting with all members of the team to look at what is likely to happen within the practice over the next 1, 2 and 5 years. Consider local demographics, changes in information technology and succession planning. How will the practice ensure that the role continues if a member of staff leaves?

## 4. Professional developments

The expansion in the number of nurse-led clinics in general practice will require the support and development of HCAs. The changing boundaries of healthcare professionals should also be considered, eg many physiotherapists are expanding their remit to provide first-contact care, which could mean the role of the HCA develops into that of a physiotherapist's assistant.

## 5. Patient involvement

Involving patients in the development of new services will help you to understand what the likely response will be, what concerns patients may have and how you can maximise the likelihood of success. You could set up a service-user group to give feedback on the patient experience of employing an HCA and include patients in the interview process.

## 6. Clinical governance

How can patient safety be ensured? Have clinical, managerial and professional accountability and supervision been agreed? How will the competence of new HCAs be assessed? (see [Unit 7: Integration of health care assistants in the general practice workforce](#)).

## 7. Education and training

HCAs who have access to formal training for their role will be better equipped to carry out their role and better placed to extend their work into new areas. What are the education and training requirements of the role? [Unit 5: Education and training](#) will give information on the type of training available for HCAs. The local college or PCT education centre will be able to advise you regarding what is available in your area. HCAs who have worked elsewhere in the NHS are unlikely to have the full range of skills required for general practice. They may need training in clinical communication skills, including dealing with upset or aggressive patients, patient confidentiality, record keeping and IT systems.

## 8. Evaluation

Consider how evaluation of the role of the HCA and their individual performance will take place. Probationary periods may be helpful for practices and HCAs to ensure that the right person is in post. However, evaluation of a probationary period should include some objective measures of success, not merely subjective responses from individuals.

## 9. Clarity of role

Prior to writing a job description, the perceived benefits for the practice and for patient care should be listed. Careful planning and consideration at this point will maximise the benefits and minimise the risk to patients and the practice. Skills for Health has identified workforce competencies that are applicable to different roles in healthcare settings. It would be good practice to access the

competence framework within the Skills for Health website ([www.skillsforhealth.org.uk](http://www.skillsforhealth.org.uk)) to identify activities that could be undertaken (see **Unit 3: Competences**).

As employers, practices will already have developed procedures and policies, but these may not be written down in a formal manner. Small organisations like practices may not have access to appropriate human resources (HR) advice or guidance. You could consider contacting, for example, your local PCT HR department, the Advisory, Conciliation and Arbitration Service (ACAS) or First Practice Management Ltd who will be able to give advice and guidance about HR policies, resources and procedures.

To get the process underway, a good place to start is with a job analysis (see **Tool - Job analysis**). This yields the basic information needed to compile a job description and should:

1. identify the tasks involved in the job
2. look at how, why and when the tasks are performed
3. identify the main duties and responsibilities of the job
4. consider the physical, social and environmental conditions of the job.

## Pre-selection

Having made the decision to employ an HCA, it is important to think about exactly what the role will encompass.

It is good practice for the whole team to have the opportunity to contribute to the development of the role, especially where duties that have previously been undertaken by other team members are being transferred. It might also be useful to speak to other practices where HCAs have already been employed. **Unit 3: Competences** of this toolkit provides guidance around competences and job roles, and may help you to decide what you would expect the post-holder to undertake.

### Job description

A good job description is one that is accurate and concise, and reflects the job's purpose, role, principle responsibilities, accountability, communication and working relationships identified in the job analysis.

A job description describes the HCA role and the requirement of the job.

See **Tool - Job description for a health care assistant (basic)** for an example job description. It should include the areas listed below:

- **The proposed job title** – it is estimated that HCAs have been known by at least 84 different titles across the NHS 'family'; however, the term HCA is the most commonly used and recognised within the general practice nursing team.
- **The main purpose of the job** – this should be written in one sentence.
- **The objectives of the job** – these should be stated clearly, detailing the activities involved and how they should be carried out. Objectives could include clinical and non-clinical roles. The use of active verbs such as 'writing' helps people to understand what tasks they will be undertaking.
- **The scope of the job** – this indicates the importance of the job and the degree of responsibility. It is important to state who the HCA is accountable to (job role or named person, as appropriate) and, if this is different from their line manager, the way that this responsibility is allocated.
- **Salary for the post.**
- **Training and development** – this should indicate the time that will be allocated for development of the post-holder and the type of training available, eg if the post-holder does not already hold a relevant qualification a time allocation needs to be given for training and work with a supervisor to assess competence to perform the task (see **Tool - Job description for a health care assistant (basic)**).

It forms the basis of the whole recruitment process and it is worth spending time to prevent possible problems later in the process.

### Person specification

A person specification defines a job in human terms that may be recognised and measured objectively as far as possible. Use the person specification form template to help create a job specification (see [Tool - Personal specification form template](#)). While a job description describes the job itself, the person specification broadens the picture to match the likely candidate to the demands of the job.

- *It defines the kind of person needed to fulfil the demands of the job by outlining the characteristics and attributes considered essential or desirable in the ideal candidate.*

It is good practice to consider the attributes outlined below when drawing up a person specification.

- **Qualifications and training** – *this should detail the minimum qualifications and training required to be eligible for the post. Alternatively, ask the candidate to indicate a willingness to be trained.*
- **Knowledge/skills/experience** – *this would include any specific knowledge and skills the post-holder would require to undertake the role competently. This could include previous experience of a healthcare setting, and literacy and numeracy skills.*
- **Personal qualities** – *how important to the role is:*
  - *working as a team*
  - *communicating with people*
  - *listening skills*
  - *motivation and enthusiasm*
  - *genuine commitment to delivering high-quality, patient-centred services*
  - *flexibility, reliability and responsiveness to change?*
- **Physical skills and effort** – *it is important to indicate the kinds of duties that might be undertaken that require any specific physical skills or effort.*
- **Emotional effort** – *this section deals with any responsibility within the role for handling distressing or emotionally challenging situations, eg upset, violent or aggressive patients.*
- **Mental effort** – *this looks at the level and intensity of concentration required to do the job.*
- **Requirements due to working environment** – *this section should record the nature, level, frequency and duration of demands arising from inevitably adverse environmental conditions, eg inclement weather, extreme heat/cold, smells, noise, and fumes and hazards, which are unavoidable.*

Adapted from Torbay and Teignbridge PCT – A Professional and Educational Career Framework for Nurses and Support Workers Employed within General Practice.<sup>3</sup>

- *It should show the minimum requirements needed to perform the job successfully.*

The more flexible the person specification, the more flexible you can be at later stages of negotiation about the post. Referring to minimum requirements gives the interviewer an opportunity to choose a candidate with a balanced set of attributes.

### Employing someone with little or no experience

You may prefer to employ someone with little or no experience who has the motivation and interest required to undertake the role and train them in the competencies required for the job. For example, an HCA candidate may have left mainstream education early and have gained considerable experience looking after family members or working in a voluntary capacity, but may require help with skills-for-life,

ie literacy or numeracy. Support for the development of these skills is available free of cost, for example at local education colleges and Learn Direct ([www.learndirect.co.uk](http://www.learndirect.co.uk)), although the practice employer should cover the cost of the HCA's time if attendance is within working hours.

JobCentre Plus is a service provided to you free of charge. They handle 12,600 vacancies every day from the 350,000 employers that use them each year. Vacancies are immediately available on their website, which receives 1.2 million hits per week. To contact your local Jobcentre and discuss your recruitment needs, access their website ([www.jobcentreplus.gov.uk/employers](http://www.jobcentreplus.gov.uk/employers)).

## Recruitment and selection

If you get your recruitment procedure right from the start, you are more likely to get an HCA who fits the needs of your practice and patients; and an HCA who is more likely to commit to your practice long term. The longer the HCA stays, the easier the day-to-day running of the practice becomes and the less often you will need to recruit. This could ultimately save you money.

It is good practice to ensure that the process of recruitment and selection is transparent, fair and equitable, and can be defended against any claims of discrimination. The recruitment process should ideally involve a multidisciplinary approach, including a nurse who will be working closely with the HCA.

### Application form

The application form is an important part of the selection process (see [Tool - Application for employment](#)). It requests the same information about every candidate and makes comparisons easier, while giving the applicant the opportunity to outline the particular skills they could bring to the post.

### Equal opportunities

A practice should consider the implications of the Equal Opportunities Act ([www.eoc.org.uk](http://www.eoc.org.uk)) when sending out application forms. No applicant should receive more or less favourable treatment on the grounds of race, nationality, colour, ethnic or national origin, age, sex, marital status, sexual orientation, religion, creed or disability.

PCTs often require information from practices about equal opportunities to ensure adherence to their policies. Good practice is to attach a monitoring form to the application form, which is detached prior to the short-listing procedure and kept in confidence in a secure place until such statistics are requested by the PCT.

A new guide has been issued by the organisation *Skill: National Bureau for Students with Disabilities*<sup>4</sup>, which is designed to inform people with a disability about becoming a nurse or a midwife. It features profiles of disabled people who are training or already working in the nursing profession, as well as practical information and advice about different routes into nursing, and a fitness to practise assessment. While not addressing non-professionally qualified staff directly, the principles that it mentions could also be applied to the HCA staff group.

## Advertising the post

Good employment practice is to advertise all vacancies and this can be done in a number of ways. Emphasis needs to be placed on encouraging prospective employees to apply and gaining their interest through the whole process.

### Example: Advertisement for an HCA

Health Care Assistant (HCA) required: This is an exciting opportunity to step onto the NHS Career Ladder Richmond and Twickenham general practice seeks an HCA 10 hours per week to work in the doctor's surgery. Under supervision you will assist our practice nurses in delivering a range of patient care activities in order to provide basic care to patients whilst maintaining a safe and effective working environment for patients and staff.

We are a friendly and busy general practice that will require you to work as part of a multi-professional team in a fast paced environment.

The HCA role is varied and you will need to be adaptable, so that the changing needs of the service and the patients can be met.

You will be given training to help you develop your skills and proficiency to meet the requirements of the post.

Full details and job description available from: add your specific details

The job advertisement should be eye-catching and aimed at procuring a limited number of suitable candidates. The more information that is provided within the advertisement, the more likely it is to attract only those suitable for the role. Advertising could be through the following routes:

- **The internet** – for example [www.thisisstaffordshire.co.uk](http://www.thisisstaffordshire.co.uk) has a section for people who are looking for new career opportunities. There are a variety of such sites for people searching for employment.
- **NHS jobs** ([www.nhs.jobs.uk](http://www.nhs.jobs.uk)) – the HR department of the PCT will be able to assist in posting jobs on this website.
- **JobCentre Plus** – see [www.jobcentreplus.gov.uk](http://www.jobcentreplus.gov.uk) and [Tool - JobCentre Plus - vacancy details](#). Over 50,000 NHS vacancies are advertised with Jobcentre Plus every year.
- **Word of mouth** – people often stay longer if recruited this way.
- **Local newspapers** – this is often the most effective way of reaching the local population. However, it can be costly.
- **Internal applications** – you may already be working in general practice, for example as a receptionist moving into a new role. You will be familiar with the practice and this can help you to become effective more quickly. If you are to be employed in a dual role (receptionist/HCA), it is important you have some way of showing which particular job you are doing, eg a uniform when undertaking the role of an HCA and a name badge for each role.

Agree the dates for interviews with the team before the advertisement is placed. The dates can then be included in the advertisement. This helps to signify a well-organised employer.

You might want to provide contact numbers for candidates to have an informal pre-selection chat. This is often helpful to both parties and enables the job to be discussed in more detail.

## Responding to enquiries

On receiving an enquiry about the position, the practice should send out an application pack that includes the following:

1. a job description
2. a person specification
3. terms and conditions of employment
4. information about the practice and team
5. an application form with closing deadline
6. a short-listing date
7. a date for interviews of short-listed candidates.

## The selection process

The final decision on who to appoint in any post lies with the practice as the employer. However, it would be good practice to include whoever would be supervising the HCA once appointed in both the short-listing and interview processes. This might be the practice manager for the non-clinical duties and the practice nurse for clinical matters. Their expertise will help the practice make a better-informed decision, especially around the quality of the responses made by the candidate to the questions asked. For practices that do not employ a practice nurse, this support could come from within the PCT, eg using the practice nurse facilitator or equivalent, or involving a practice nurse from a neighbouring practice.

## Short-listing

Using the criteria developed in the person specification, job applications are received from those applications that meet the essential and desirable criteria (see [Tool - Short-listing criteria form](#) ).

Once the selection panel has agreed on the short-listing of candidates, a letter should be sent inviting them to interview and detailing:

1. the time
2. the place
3. anything they should bring with them, eg evidence of their personal identity
4. instructions about any tasks they will be required to undertake at the interview.

You should enquire whether they have any special requirements for attending the interview, eg wheelchair access.

## Terms and conditions

Some PCTs take on the employment of practice nurses and deploy them to work in practices, but it is more common for direct employment with the GP partnership. This means that as an employer you are able to determine levels of pay. The Royal College of Nursing (RCN) strongly believes that nurses and HCAs employed in general practice should be employed on *Agenda for Change* terms and conditions,<sup>5</sup> and the *nGMS contract* encourages this practice.<sup>6</sup> *Agenda for Change* provides a uniform package of terms and conditions, and should form a stronger link between the rewards and demands of any given job. It is intended to replace clinical grading for nurses, and the terms and conditions as set out by the Whitley Council. It is a modern pay and conditions framework based on the principle of equal pay for work of equal value. The *Agenda for Change*<sup>5</sup> links to the *NHS Knowledge and Skills Framework*,<sup>8</sup> which outlines the competencies required for various roles. See [Unit 3: Competences](#) for more information.

## Checklist for employers

### Employer's responsibilities – before employing an HCA

Before employing a new HCA, the following should occur:

- a check of qualifications, personal identity and references
- a Criminal Records Bureau check
- confirmation that the HCA's work is appropriately covered by the employer's liability insurance
- relevant occupational health checks.

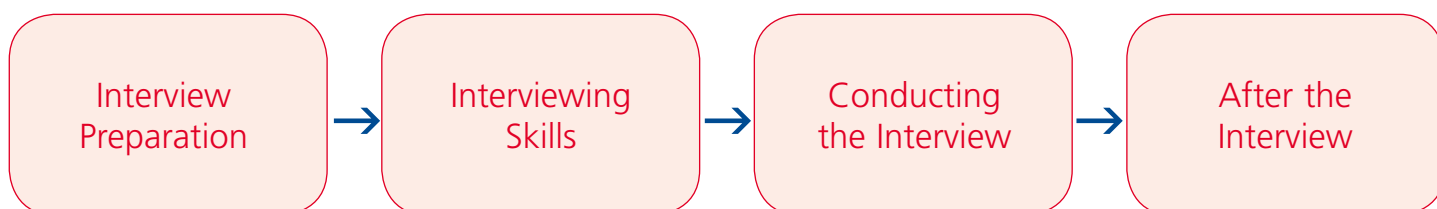
### Employer's responsibilities – once an HCA has been employed

Employment is a serious business and you must be confident that your employment practice complies with legal obligations. The practice's responsibilities include:

- maintaining personnel records for all employed HCAs – the HCA has the right to see their own individual records on request
- providing a formal period of induction with a named member of staff taking responsibility for this period
- ensuring agreed disciplinary/grievance procedure is in place that adheres to the ACAS Code of Practice
- providing all staff with a written procedure manual covering employment policies – this will include policies on equal opportunities, bullying and harassment, maternity leave and sickness absence
- informing HCAs of their right to join the NHS superannuation scheme – it is good practice for the practice to contribute towards this scheme
- offering a degree of flexibility in working hours to cope with unexpected family issues
- providing a safe and comfortable working environment
- providing terms and conditions of employment that reflect the principles outlined in AfC, if adopted
- providing all HCAs with personal development plans for review at annual appraisal
- allowing HCAs to have access to mandatory training updates on a regular basis
- giving HCAs IT access during all clinical consultations – within the practice it is also good if they have access to e-mail (via their own e-mail address), the internet, intranet and NHS net resources
- ensuring they are familiar with the NMC Code of Conduct in relation to delegating duties to HCAs ([see Unit 7: Integration of health care assistants in the general practice workforce](#)).

## The interview

The make-up of the interview panel is an important consideration, and patient and professional nursing input into this stage of the procedure could prove to be very beneficial. There should be at least two people on the interview panel to ensure consistency and fairness. This will also help to protect the practice if there is a later complaint.



### Interview preparation

Before the interview, you should review the details of the post and the candidates' applications. The panel can then prepare a set of questions.

- The question plan should be consistent and fair, giving each candidate an equal opportunity to perform successfully at the interview. Start with a simple question and general chat to help them feel at ease.

- No question should be asked if it cannot be asked of all candidates, although further clarification of a point can be requested as appropriate.
- You may wish to assess any theoretical knowledge as well as their competency to perform the role.
- Questions that are open, probing, reflective or hypothetical give both the interviewee and interviewer the chance to gather and check information (see [Tool - Sample questions to use at interview](#)).
- The interview should take place in a quiet room, free from interruptions. A friendly welcome helps to steady the nerves for the both interviewers and interviewee.

Have a clock in the room for the eyes of the interviewers only to ensure equal distribution of time.

### Interviewing skills

Interviews differ from everyday conversation as they always have a specific purpose; that is to gain enough information to decide whether to employ someone in a short space of time. You will be working with that person on a regular basis so you want to get it right. To do this, you will need to exercise control over the interview to ensure that it does not go on too long.

Remember to ask open questions, eg 'What duties does your present job involve?' and not closed questions, in order to stimulate discussion from an early stage. Ask for evidence that the candidate has the skills and experience they claim to possess.

Examples could include:

- 'I see you have experience undertaking new patient checks. Can you talk me through a new patient check you have undertaken?'
- 'tell me more about...'
- 'how would you ensure that all the instruments were sterilised ready for morning surgery?'

Avoid leading questions and do not use multiple questions as these can easily confuse a nervous candidate when they are not sure which part to answer first.

Your ability to listen and observe will help you to make a more accurate assessment of the candidate. Try to aim for the panel to talk for 20% and listen for 80% of the interview.

### Conducting the interview

You could use the following checklist during the interview.

- Do not keep the candidate waiting without explanation.
- Start with a friendly introduction of the panel.
- Outline the interview – eg 'first we'll talk about...then we'll go into...', and state how long the interview will last and who will ask the questions. Each panel member should ask the same set number of questions to each candidate.
- Explain that you will be taking notes during the interview.
- Start with simple questions that the candidate will be able to answer easily.
- Ask if the candidate has any questions.
- Ask if they are still a firm candidate at the end.

As the interview draws to a close:

- indicate what the next steps will be, eg you can expect to hear from us in 5 working days
- thank the candidate for coming – each candidate should feel they have had a fair chance to express themselves and put across their case.

It is useful to have time between each interview to write up notes regarding the candidate and to consider their suitability for the post with your fellow interviewers.

### After the interview

Make a note of your initial impressions of each candidate as soon as the interview ends. It is wise to keep a copy of the reasons for offering (or not) a job in case of future claims of discrimination or simply to provide feedback to unsuccessful candidates.

## Offer of employment

Once all the interviews have been completed and a final decision has been reached by the panel on the suitable applicant, both the successful and unsuccessful candidates should be notified. A job offer should be made to the successful candidate that is conditional upon satisfactory references being received and:

- *confirmation of identity – eg passport, utility bills, marriage certificate (for women)*
- *a check of any relevant certificates/qualifications, including birth certificate*
- *a satisfactory health check*
- *a Criminal Record Bureau check (see [www.crb.gov.uk](http://www.crb.gov.uk) for more information).*

Once these checks have been completed, a starting date can be agreed.

### Employment legislation

The Employment Relations Act 1999 introduced a number of changes to employee and trade union rights. The HR department of the PCT will be able to give you information and guidance about employment legislation if you are out of date.

## Contract of employment

The contract of employment starts as soon as an offer of employment is accepted. Employers are legally obliged to provide every employee with a written statement of their terms and conditions of employment no later than 2 months from the start date. This needs to include any terms and conditions agreed informally at the interview. It is prudent to include a probationary period (eg 3 months). This will allow for

### Employer's Liability

- *Vicarious liability and the responsibilities of the practice: 'Employers are liable for the acts and omissions of their staff' only if:*
  - *the employee was acting in the course of their employment (time, place etc)*
  - *the employee was doing a job which they are employed to do*
  - *the employee works within the employer's policies.*
- *Indemnity cover is available provided that individuals work in accordance with the boundaries of local/national protocols and guidelines, and within the level of their own competence and knowledge. A number of general medical defence societies could assist you, eg [www.the-mdu.com](http://www.the-mdu.com); [www.mddus.com](http://www.mddus.com); [www.medicalprotection.org/medical/united\\_kingdom/default.aspx](http://www.medicalprotection.org/medical/united_kingdom/default.aspx).*

Accountability and delegation are discussed in Unit 7 in more detail (*Unit 7: Integration of health care assistants in the general practice workforce*).

easy discontinuation of employment if either party is dissatisfied (see [Tool - Contract of employment](#)).

Following the appointment of your first HCA, you should quickly find that they become an important and valuable member of the practice team and you will wonder what you did without one before!

## Example: Case study

### Employing an HCA – The Ridge Medical Practice, Bradford

'Jan replied to our advertisement for an HCA. She had no previous experience of working in the NHS, but she did have experience in customer services. She interviewed well and was duly appointed.

'Because of her lack of experience in primary care her induction period was lengthened from 4 to 6 weeks. During this period, she gained knowledge of all aspects of working in primary care and began in-house training.

'Unable to access phlebotomy training at the local hospital until later in the year, it was decided that Jan's mentor and an HCA would oversee this training. This proved successful and Jan was able to competently perform phlebotomy tasks by the end of her induction period. She will still attend the hospital training at a later date, and use this as a tool for personal development and to update the nursing team on relevant issues. At the end of her induction period, her competencies for blood pressure, urinalysis, height/weight, phlebotomy and new patient interviews were signed off.

'A period of consolidation followed, which allowed Jan time to settle into her new role and to continue to develop new skills. Since then she has completed the 6-month HCA course at the Primary Care Training Centre in Bradford. She is now also competent in assisting in minor surgery, and works alongside the nurses in the cardiovascular and diabetes clinics. ECG training has been booked for later in the year.

'A further period of consolidation will now follow and then Jan intends to commence her NVQ Level 3 in General Healthcare.

'This was the first time we had appointed an HCA without any previous experience of working in the NHS. It required commitment from all members of the practice team, but has worked very well; Jan enjoys her new role and we have acquired another competent and motivated HCA.' (Practice nurse)

## Pre-arrival preparations

It is good practice to address the points below within the practice before the new HCA arrives.

- Does everyone know that someone new is starting?
- Who will greet the new starter and show them around the premises?
- Who will be the named coordinator of the induction programme? This could be the practice manager for the non-clinical items and the practice nurse for the clinical competences.
- Who will be their 'buddy' and/or mentor?
- Will someone take them to lunch on the first day?
- Where can they put their personal belongings? Is there a locker or desk and chair?
- Has a uniform and identity badge been ordered to be ready for their first day?
- Have registered patients been informed that an HCA will be starting at the practice? This should include information about their role and what can be expected of them, including the limitations of the role.

# Induction

## Aims and objectives

Induction is about welcoming and integrating a new member of staff within the team – a core part of good employment practice. It should be considered as the final part of the recruitment process. Good induction is likely to lead to better retention of staff who are more settled and secure in their practice.

The first task, therefore, is to give an introduction to the practice itself and its particular features. This can then be followed by looking at training and development needs as the HCA becomes more confident in this new environment. You should never take it for granted that an HCA will fit easily and smoothly into their new post.

Consider too, the practice team. There will be an existing unity in the team, which is solid and well formed. New members need to fit into this team, so you need to support them and help them to feel they belong. You could try the activity in **Unit 7: Integration of health care assistants in the general practice workforce** to promote team working (see **Tool - Teamwork functioning** to develop the team). A comprehensive induction programme for HCAs will:

- *help them to understand their role and become confident and effective*
- *provide clear guidance as to where they fit into the general practice team*
- *encourage them to work safely and effectively in a new environment*
- *encourage them to be committed to the practice*
- *quickly dispel the feeling of being out of place.*

The induction process is very important, as working within general practice is different from other caring environments, such as secondary care or nursing homes. However, induction does not need to be organised on regimented lines. The induction programme should fit with your normal working practice.

## What to cover in induction

When putting an induction programme together, you could consider priorities and goals for the first day, the first week and the first month. The induction programme will provide documentary evidence – using specific check lists (see **Tool - Induction checklist**) and a learning plan in order to demonstrate compliance with QOF standards. A personal record should be kept by the HCA to include in their personal development folder.

### Example: Case study

An induction training programme was designed by Network Publishing in collaboration with South West London Workforce Development Confederation and written to the *Skills for Care Standards for Induction and Foundation*. The qualification that the pack was linked to has now ceased. However, the materials have been used most widely as learning and development materials, rather than as the basis of an accredited learning route. Richmond and Twickenham PCT has used them as part of their training programme and found them a useful introduction to working in care settings. There is a section specifically for people working in general practice. For further details, please contact Network Publishing on 01904 640 703.

Chaperoning – the Primary Care Trusts of Leicestershire and Rutland have developed a 'Chaperone Training Workbook' that can be used for the training of HCAs in general practice. You can also find a model chaperone framework at [www.cgsupport.nhs.uk/downloads/Primary\\_Care/Chaperone\\_Framework.pdf](http://www.cgsupport.nhs.uk/downloads/Primary_Care/Chaperone_Framework.pdf) and [www.harpreb.org.uk/downloads/pdf/Chaperone\\_training\\_workbook.pdf](http://www.harpreb.org.uk/downloads/pdf/Chaperone_training_workbook.pdf).

The first day could include:

- *an introduction to immediate practice colleagues*
- *practical information:*
  - *tour of the premises*
  - *health and safety – fire exits, fire extinguishers, first aid kit*
  - *toilets and hand washing facilities*
  - *office equipment, eg fax, photocopier*
  - *tea/coffee facilities*
  - *locker/changing facilities.*
- *uniform and identity badge issued – this indicates to the patient the role of the HCA within the practice team and is particularly important if they have a dual role, such as being an HCA and a receptionist.*

The first week could include:

- Mon**
  - *training in the use of IT systems*
  - *an introduction to the wider practice team*
- Tues**
  - *reading of practice policies and guidelines*
  - *a formal meeting with their line manager or mentor to identify learning needs*
- Wed**
  - *an introduction to the competency booklet for completion throughout the probationary period*
  - *a brief history of the practice*
- Thur**
  - *an organisation chart, including staff names and positions, areas of responsibility and how individuals like to be addressed, eg either Dr Brown or simply Jane*
- Fri**
  - *a practice leaflet to identify the range of services currently offered*
  - *an opportunity to discuss working conditions, times, holiday entitlement, sick leave etc*
  - *an overview of the purpose and format of the probationary period – this should include arrangements for regular feedback on performance so that the final feedback is no surprise to either party.*

The first month could include:

- Week 1**
  - *a discussion of accountability, delegation and indemnity*
  - *an explanation of the equal opportunities*
- Week 2**
  - *an overview of the clinical procedures and protocols that apply to the post*
  - *details of the personal development review/appraisal system*
- Week 3**
  - *access to education and training materials, and identification of short-term and medium-term development needs*
- Week 4**
  - *attendance and participation in the staff meeting*
  - *consideration of mandatory training needs.*

## Providing evidence of competence

Certain procedures and protocols need to be demonstrated by the HCA and checked by a member of the practice to ensure that the HCA is competent to undertake their role. This could be in the form of an assessment checklist when the HCA completes a task, which is assessed by the practice nurse, or another appropriately qualified supervisor, and recorded in the induction file (*see Unit 3: Competences*).

Skills for Health have developed competence frameworks for different roles, which can be found at [www.skillsforhealth.co.uk](http://www.skillsforhealth.co.uk).

For practices that have adopted the *NHS Knowledge and Skills Framework*, working with your HCA by using the profile to decide the competencies required for the role at foundation and gateway points will help identify their learning needs. There will need to be a degree of honesty from the new starter and openness to elicit support from the practice.

Many PCTs are developing induction courses for HCAs working in general practice to include training in, for example, moving and handling, infection control or dealing with violence and aggression. Their competency is then checked back in the practice before the HCA begins to work with patients. If this is not the case in your area, you will have to devise an in-house training programme or look for an education establishment, eg a further education college or private training provider, to provide this initial training (see [Tool - Induction pack](#)).

## Review of progress

It is good practice for a practice nurse or practice manager to have regular meetings with the new HCA to discuss how things are going. This allows you to identify any problems and solve them in a timely manner, and gives your HCA an opportunity to raise any questions. You could schedule these meetings at 1 month and 2 months after the start date to see how things are going in the knowledge that there will be regular contact between the HCA and the practice nurse during the first few weeks. The HCA could be encouraged to keep a reflective diary to see how their confidence grows over time.

## Disciplinary, grievance and appeals procedures

After you have spent time recruiting, training and introducing new members of staff to the practice, you are likely to want them to stay. All staff within the practice are expected to perform their duties to an acceptable standard, which is agreed at the commencement of employment through the job description, person specification and contract of employment. However, in circumstances when this standard is not met the first step is to offer support, guidance and, if appropriate, training. This is best tackled in a discussion with the person concerned in a quiet place where you will not be interrupted or overheard.

If you have been alerted to a problem, consider it carefully before jumping in. You may want to gather evidence to ensure that you have the facts right before making an appointment to meet and discuss it further. The Employment Act 2002 (Dispute Resolution) Regulations came into force on 1 October 2004. They impact on both employers and employees. Since October 2004, employers are required by law to have a discipline and grievance procedure. This covers the disciplinary rules for handling discipline, grievance and appeals. Full details of these regulations can be found at [www.acas.org.uk](http://www.acas.org.uk) or [www.dti.gov.uk/er/resolvingdisputes.htm](http://www.dti.gov.uk/er/resolvingdisputes.htm). This law is designed to encourage employers and employees to discuss problems before resorting to a tribunal and is a three-step process.

It is always better to try to resolve any problems at an early stage. If clear guidance is given to staff, for example through procedure manuals and contracts of employment, many problems can be resolved through simply talking things through. If a resolution cannot be achieved satisfactorily, the ACAS policies and procedures document details the steps to take to ensure that the ensuing process is fair and equitable to both parties.

## Summary

- *Employing HCAs to work as part of the practice team provides:*
  - *opportunities to cascade workload from GPs to nurses and from nurses to trained HCAs*
  - *greater capacity in general practice, bringing benefits to patients by enabling doctors and nurses to concentrate on more complex care*
  - *resources to achieve maximum payment under the new Access Directed Enhanced Service*
  - *capacity to free up other members of the team to take on new roles*
  - *development of non-clinical staff within the practice*
  - *a wider skill-mix across the practice team*
  - *the talents, skills and experience of HCAs and to optimise the contribution they can make to patient care.*
- *Introducing a new role to the practice requires careful planning so that you get the most out of your new HCA.*
- *Taking a structured approach to recruiting an HCA will help you to get the right person for the right role and avoid unnecessary work or expense.*
- *This unit provides useful examples of employment documentation used successfully by other practices and PCTs.*

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